

PART B - FEE(S) TRANSMITTAL

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OCT 12 2006

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08/08/2006

STEPHEN B. ACKERMAN
 28 DAVIS AVENUE
 POUGHKEEPSIE, NY 12603

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10/13/2006 MBELETE2 00000023 190033 10828889

01 FC:2501 700.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 21.00 DA

Stephen B. Ackerman (Depositor's name)
[Signature] (Signature)
October 10, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/828,889

04/21/2004

Andreas Sibrai

DS03-027

5856

TITLE OF INVENTION: SQUIB DRIVER FOR AIRBAG APPLICATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400 \$700	\$300	\$0	\$1700 \$1000	11/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOANG, ANN THI	2836	361-247000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Saile Ackerman LLC
 2 Stephen B. Ackerman
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DIALOG SEMICONDUCTOR GmbHKirchheim/Teck-Nabern, GermanyPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 7

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0033 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

Typed or printed name

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